

**COMMONWEALTH OF MASSACHUSETTS  
GROUP INSURANCE COMMISSION**

**Privacy Complaint Form**

A Privacy Complaint may be sent to: Privacy Office, GIC, P.O. Box 8747, Boston, MA 02114. All complaints are submitted and responded to in writing.

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**Name:**

**SS#:**

**Address:**

**DOB:**

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**Describe your complaint about the way the GIC handled your protected health information:**

**Dates of these events:**

**Names of persons involved:**

**Results of these events:**

Signature of Individual or Personal Representative \_\_\_\_\_ Date: \_\_\_\_\_

**FOLLOWING INFORMATION IS NEEDED IF SIGNED BY A PERSONAL REPRESENTATIVE**

\_\_\_\_\_  
Print name

Type of authority (e.g., court appointed, custodial parent): \_\_\_\_\_

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**For GIC Use ONLY**

Date complaint received: \_\_\_\_\_ GIC location where received: \_\_\_\_\_

Received by: \_\_\_\_\_  
print name title